

~~RCE~~  
BPA



Please Direct All Correspondence to Customer Number **20995**

**REQUEST FOR CONTINUED EXAMINATION**

Applicant : Nemoto, Shigeru  
App. No : 10/689,367  
Filed : October 20, 2003  
For : CYLINDER HOLDER FOR A SYRINGE  
BARREL  
Examiner : Williams, Catherine S.  
Art Unit : 3763

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop: RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

May 15, 2006

(Date)

Eric Ives, Reg. No. 50,928

**Mail Stop RCE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

(X) Enclosed:

(X) Amendment/Reply in 4 pages.

(X) Information Disclosure Statement and PTO/SB/08 Equivalent in 2 total pages (IDS and PTO/SB/08).

(X) Return Postcard.

2. Fees:

The present application qualifies for Small Entity Status under 37 CFR 1.27.

05/19/2006 CNGUYEN2 00000056 10689367

01 FC:2801 395.00 OP  
02 FC:2253 510.00 OP

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| FEE CALCULATION      |            |              |                      |              |
|----------------------|------------|--------------|----------------------|--------------|
| FEE TYPE             |            | FEE CODE     | CALCULATION          | TOTAL        |
| RCE Fee              |            | 2801 (\$395) |                      | \$395        |
| Suspension of Action |            | 1463 (\$130) |                      | \$0          |
| Total Claims         | 5 - 20 = 0 | 2202 (\$25)  | 0 x 25 =             | \$0          |
| Independent Claims   | 1 - 3 = 0  | 2201 (\$100) | 0 x 100 =            | \$0          |
| Multiple Claim       |            | 2203 (\$180) |                      | \$0          |
| 3 Month Extension    |            | 2253 (\$510) |                      | \$510        |
|                      |            |              | <b>TOTAL FEE DUE</b> | <b>\$905</b> |


(X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

3. Payment:

(X) Check in the amount of \$905 to cover the above fees.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,  
KNOBBE MARTENS OLSON & BEAR LLP

  
Eric Ives  
Registration No. 50,928  
Agent of Record  
Customer No. 20,995  
(805) 547-5580

Dated: May 15, 2006